

Made to Order Quote Request Wide Cart Series

Total Vertical Drawer Space Height

Wide carts have a 30" vertical drawer height capacity. Indicate the number of each drawer height required.

Drawer Configuration

Indicate the number for each drawer height required. Total drawer height must equal 30". Unless otherwise noted below, drawers are placed in order of height from smallest on top to largest on the bottom.

Please indicate any notes on	drawer configuration	and/or placement
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Lock Type

Breakaway	Key Lock*	Push-Button	Electronic	Proximity	
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^{*}If purchasing two or more carts with Key Lock, please specify: Different Keys Same Key

Frame Style

Two-tone: Beige Frame, choose your drawer color.

Solid Beige

Color for Two-Tone Carts



[†]Pediatric Broselow Coding is available with Two-Tone frame only.

Number of carts you are requesting with the same specifications: All AliMed Carts are backed by a 5-year warranty.

FAX: 800.437.2966



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Add Individual Accessories

Cardiac Board

Caster Guards, 4/set

Catheter Holder, 4" x 19"

Catheter Holder, 4" x 19" Clear Front

Catheter Holder, 8" x 28", Clear Front

Catheter Holder, 8"x 28"

Collapsible Side Shelf

Cord Wrap Bracket

Defibrillator Shelf, Corner

Defibrillator Shelf, Single-Swivel

Fluid Equipment Storage System, 24"

Fluid Equipment Storage System, 30"

Glove Box Holder, Single

Glove Box Holder, Triple

IV Pole

Non-expandable Tray, 15" x 3" x 2"

Non-expandable Tray, 15" x 6" x 2"

Oxygen Tank Bracket

Power Outlet Strip Bracket

Power Strip, 6 Outlets

Scope Holder, 2 Scopes

Scope Holder, 4 Scopes

Sharps Bracket

Side Cabinet w/ Waste Container

Spring Tension Drawer Divider Set

Suction Unit Holder

Tape Dispenser for Trellis

Tilt Bins, 3-Compartment per Row

Tilt Bins, 4-Compartment per Row

Tilt Bins, 5-Compartment per Row

Tilt Bins, 6-Compartment per Row

Trellis System

Trellis System with Hooks

Twin Poly Handles

Utility Hook

Waste Container, No Lid

Waste Container, Touch Top

Wire Basket

Wire Basket Chart Holder

Please add any additiona	I notes or requirements	you have for your cart(s):
tease and any additional	inotes of regulirements	you make for your care (5).



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Contact Information

Contact Person:	
Sales Rep (if applicable):	
Email Address:	
Phone:	
Facility Name:	
Billing Address:	
Address 2:	
City:	
State:	Zip:
(If different than billing)	
Shipping Location Name:	
Shipping Address:	
Address 2:	
City:	
State:	Zip:
(If applicable)	
Account:	
Fax:	
PO:	

Please note: Made to order carts are not returnable. Sales are not final until approved by AliMed.

You will be sent a quote within 3-4 business days after the completed form is

emailed to madetoorder@alimed.com or faxed to 1-800-437-2966.